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	APPLICATION NUMBER	FILING/RECEIPT	DATE	FIRST NAMED APPLICA	NT A	ATTORNEY DOCKET NO./TITLE
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for multiple dependent claim surcharge. Applicant must either submit the additional claim fees or cancel additional claims for which fees are due. The oath or declaration: is missing or unsigned. . does not cover the newly submitted items. An oath or declaration in compliance with 37 CFR 1. 63, including residence information and identifying the application by the above Application Number and Filing Date is required. 4. The signature(s) to the oath or declaration is/are by a person other than inventor or person qualified under 37 CFR 1.42, 1.43 or 1.47. A properly signed oath or declaration in compliance with 37 CFR 1.63, identifying the application by the above Application Number and Filing Date, is required. 5. The signature of the following joint inventor(s) is missing from the oath or declaration: An oath or declaration in compliance with 37 CFR 1.63 listing the names of all inventors and signed by the omitted inventor(s), identifying this application by the above Application Number and Filing Date, is required. 6. A \$50.00 processing fee is required since your check was returned without payment (37 CFR 1.21(m)). ☐ 7. Your filing receipt was mailed in error because your check was returned without payment. □ 8. The application was filed in a language other than English. Applicant must file a verified English translation of the application, the \$130.00 set forth in 37 CFR 1.17(k), unless

Direct the reply and any questions about this notice to "Attention: Box Missing Parts."

previously submitted, and a statement that the translation is accurate (37 CFR 1.52(d)).

copy of this notice MUST be returned with the reply.

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